

Dear Friend,

At the Westfield Area YMCA and Cranford YMCA, we believe everyone should have the opportunity to improve their health, enrich their lives, and feel more connected to the community. Every year, our Y counts on the generosity of donors to raise funds for our financial assistance program so that no one who qualifies is denied a chance to participate at the Y because of their inability to pay.

Our goal is to help as many people in need as possible. As such, each request for financial assistance is evaluated individually and cannot be provided for extended periods of time. If you are in need of assistance for long-term services, I encourage you to contact the Department of Social Services.

All applications are kept confidential, and you will be contacted within 2-4 weeks from us receiving your completed application and support materials to discuss your request.

Everyone is welcome at the Y. Please do not hesitate to contact me if I can be of further assistance.



Sincerely,
Susan Morton
Susan M. Morton
President/CEO



OUR MISSION

The Westfield Area YMCA is a nonprofit human service organization dedicated to developing the full potential of every individual and family in the communities it serves through programs that build healthy spirit, body, and mind for all.

Strengthening the communities of Westfield, Cranford, Garwood and Mountainside since 1923.



Frequently Asked Questions

What is the financial assistance program?

Financial assistance is available for Westfield Area YMCA and Cranford YMCA programs and memberships to individuals and families with a bona fide financial hardship. Financial assistance provided by the Y helps children, teens and their families; seniors on fixed incomes; individuals with special needs in need of exercise; single parents struggling to make ends meet; working families suffering from health issues; and so many others.

Who is eligible to receive financial assistance?

Financial assistance is available to individuals or families who have submitted complete applications with required attachments and:

- cannot pay full program or membership fees and meet specific financial guidelines
- live or work in the Westfield Area YMCA service area of Cranford, Garwood, Mountainside or Westfield

How are financial assistance amounts determined?

The Y has a sliding fee scale based on total household income and number of dependents. Extenuating hardships are also taken into consideration. If financial assistance is awarded, it is usually for a percentage of the total cost of the program and/or membership fees, and you will be responsible for the remaining portion. When Y program, membership and/or child care fees change, so may your remaining portion.

What are my responsibilities as a recipient?

You are required to make payments according to your payment schedule. If payment is not received, your assistance may be cancelled. Please notify the Y immediately if you no longer need our support or are unable to use the services we provide as there are others in the community in need of our assistance. Should there be any change to the information in your application, including the members of your household or financial circumstance, a new application is required.

How is the financial assistance program funded?

The Y raises money through the ongoing work of volunteers and staff and thanks to the generosity of individuals, foundations, service clubs and corporations through the Strong Kids+ Annual Support Campaign. Additionally, contributions from the Westfield United Fund and earnings from the Westfield Area Y Endowment Fund help subsidize child care, youth, teen and senior programs.

How do I get more information?

Contact Shannon McGillis Jackson at 908-301-9622 x268 or smcgillis@westfieldynj.org.



Westfield Area YMCA
Financial Assistance Application

HERE FOR
ALL OF US

HERE FOR ALL OF US: Confidential Financial Assistance Application

PLEASE PRINT CLEARLY

Name of person completing application if different than applicant: _____

APPLICANT INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: () _____

Mobile Phone: () _____

Work Phone: () _____

Email: _____

SSN: _____

DOB: _____ Ethnicity: _____

Marital Status: _____

List all people, including self, living in the household:

Name	Age	Relationship to applicant	Assistance Needed (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

Total annual household income last year from all sources: \$ _____

MONTHLY INCOME

Wages, Salaries, Tips: \$ _____

Unemployment Compensation: \$ _____

Social Security Compensation: \$ _____

401k/Retirement: \$ _____

Child Support: \$ _____

Food Stamps: \$ _____

Welfare: \$ _____

Support from Charities: \$ _____

State Subsidized Funding: \$ _____

Alimony: \$ _____

Other: _____ \$ _____

TOTAL MONTHLY INCOME: \$ _____

Does any household member receive financial assistance? Yes ___ No ___

If yes, from where? _____ How much? \$ _____

Does anyone in your household receive unemployment? Yes ___ No ___ How much? \$ _____

How long have you been unemployed? _____ Are you looking for work? Yes ___ No ___

ABOUT YOUR REQUEST

Is your request for program and/or membership? _____ If a program, which ones? _____

Note: If you are applying for assistance for any child care program including camp, approval of financial assistance does not guarantee you a spot in the program. You must register for the program separately.

Have you previously applied for financial assistance at this Y? Yes ___ No ___

If yes, when and what did you receive? _____

Tell us why you are applying for financial assistance. This is a required information — attach additional sheet as necessary.

If financial assistance is awarded, it is usually for a percentage of the total cost of the program and/or membership. You will be responsible for the payment of the remaining portion of the fees. When Y program, membership and/or child care rates change, so may the fees.

I verify that the information on this application is complete and true to the best of my knowledge. I hereby authorize the Westfield Area YMCA to investigate all aspects of the information contained in this application.

Applicant Signature

Date

MONTHLY EXPENSES

Rent/Mortgage: \$ _____

Utilities: \$ _____

Food: \$ _____

Car Insurance: \$ _____

Car Payment: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

SUBMIT YOUR APPLICATION

For a financial assistance request to be considered, all documents below must be enclosed:

Completed financial assistance application AND

For all adults in the household:

- Most recent Federal Income Tax Form for all individuals contributing to household income (entire copy—photocopy only)
- Letter from current employer verifying employment
- Two most recent pay stubs
- Last year's W-2
- Proof of residency

If additional documentation is needed (social security, divorce, child support, etc.) you will be contacted.

Mail or deliver your completed application and all attachments to:

WESTFIELD AREA YMCA
220 Clark Street
Westfield, NJ 07090
Attn: Shannon McGillis Jackson, Financial Assistance



The Westfield Area YMCA is a member agency of the Westfield United Fund.

FOR OFFICE USE:

Camp Child Care Program Membership

Scholarship: \$ _____

Recipient: _____% Scholarship: _____%

Comments/Restrictions: _____

Scholarship Received: _____

Reviewed By: _____ Approved by CEO: _____